

Calendar No. 472

110TH CONGRESS
1ST SESSION**H. R. 1567**

IN THE SENATE OF THE UNITED STATES

NOVEMBER 6, 2007

Received; read twice and placed on the calendar

AN ACT

To amend the Foreign Assistance Act of 1961 to provide increased assistance for the prevention, treatment, and control of tuberculosis, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Stop Tuberculosis
5 (TB) Now Act of 2007”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Tuberculosis is one of the greatest infec-
9 tious causes of death of adults worldwide, killing 1.6

1 million people per year—one person every 20 sec-
2 onds.

3 (2) One-third of the world's population is in-
4 fected with the tuberculosis bacterium and an esti-
5 mated 8.8 million individuals develop active tuber-
6 culosis each year.

7 (3) Tuberculosis is the leading infectious killer
8 among individuals who are HIV-positive due to their
9 weakened immune systems, and it is estimated that
10 one-third of people with HIV infection have tuber-
11 culosis.

12 (4) Today, tuberculosis is a leading killer of
13 women of reproductive age.

14 (5) There are 22 countries that account for 80
15 percent of the world's burden of tuberculosis. The
16 People's Republic of China and India account for 36
17 percent of all estimated new tuberculosis cases each
18 year.

19 (6) Driven by the HIV/AIDS pandemic, inci-
20 dence rates of tuberculosis in Africa have more than
21 doubled on average since 1990. The problem is so
22 pervasive that in August 2005, African Health Min-
23 isters and the World Health Organization (WHO)
24 declared tuberculosis to be an emergency in Africa.

1 (7) The wide extent of drug resistance, includ-
2 ing both multi-drug resistant tuberculosis (MDR-
3 TB) and extensively drug resistant tuberculosis
4 (XDR-TB), represents both a critical challenge to
5 the global control of tuberculosis and a serious
6 worldwide public health threat. XDR-TB, which is
7 characterized as being MDR-TB with additional re-
8 sistance to multiple second-line anti-tuberculosis
9 drugs, is associated with worst treatment outcomes
10 of any form of tuberculosis. XDR-TB is converging
11 with the HIV epidemic, undermining gains in HIV
12 prevention and treatment programs and requires ur-
13 gent interventions. Drug resistance surveillance re-
14 ports have confirmed the serious scale and spread of
15 tuberculosis with XDR-TB strains confirmed on six
16 continents. Demonstrating the lethality of XDR-TB,
17 an initial outbreak in Tugela Ferry, South Africa, in
18 2006 killed 52 of 53 patients with hundreds more
19 cases reported since that time. Of the world's re-
20 gions, sub-Saharan Africa, faces the greatest gap in
21 capacity to prevent, find, and treat XDR-TB.

22 (8) With more than 50 percent of tuberculosis
23 cases in the United States attributable to foreign-
24 born individuals and with the increase in inter-
25 national travel, commerce, and migration, elimi-

1 nation of tuberculosis in the United States depends
2 on efforts to control the disease in developing coun-
3 tries. Recent research has shown that to invest in
4 tuberculosis control abroad, where treatment and
5 program costs are significantly cheaper than in the
6 United States, would be a cost-effective strategy to
7 reduce tuberculosis-related morbidity and mortality
8 domestically.

9 (9) The threat that tuberculosis poses for
10 Americans derives from the global spread of tuber-
11 culosis and the emergence and spread of strains of
12 multi-drug resistant tuberculosis and extensively
13 drug resistant tuberculosis, which are far more
14 deadly, and more difficult and costly to treat.

15 (10) DOTS (Directly Observed Treatment
16 Short-course) is one of the most cost-effective health
17 interventions available today and is a core compo-
18 nent of the new Stop TB Strategy.

19 (11) The Stop TB Strategy, developed by the
20 World Health Organization, builds on the success of
21 DOTS and ongoing challenges so as to serve all
22 those in need and reach targets for prevalence, mor-
23 tality, and incidence reduction. The Stop TB Strat-
24 egy includes six components:

1 (A) Pursuing high-quality expansion and
2 enhancement of DOTS coverage.

3 (B) Implementing tuberculosis and HIV
4 collaborative activities, preventing and control-
5 ling multi-drug resistant tuberculosis, and ad-
6 dressing other special challenges.

7 (C) Contributing to the strengthening of
8 health systems.

9 (D) Engaging all health care providers, in-
10 cluding promotion of the International Stand-
11 ards for Tuberculosis Care.

12 (E) Empowering individuals with tuber-
13 culosis and communities.

14 (F) Enabling and promoting research to
15 develop new diagnostics, drugs, vaccines, and
16 program-based operational research relating to
17 tuberculosis.

18 (12) The Global Plan to Stop TB 2006–2015:
19 Actions for Life is a comprehensive plan developed
20 by the Stop TB Partnership that sets out the ac-
21 tions necessary to achieve the millennium develop-
22 ment goal of cutting tuberculosis deaths and disease
23 burden in half by 2015 and thus eliminate tuber-
24 culosis as a global health problem by 2050.

1 (13) While innovations such as the Global Tu-
2 berculosis Drug Facility have enabled low-income
3 countries to treat a standard case of tuberculosis
4 with drugs that cost as little as \$16 for a full course
5 of treatment, there are still millions of individuals
6 with no access to effective treatment.

7 (14) As the global resource investment in fight-
8 ing tuberculosis increases, partner nations and inter-
9 national institutions must commit to a cor-
10 responding increase in the technical and program as-
11 sistance necessary to ensure that the most effective
12 and efficient tuberculosis treatments are provided.

13 (15) The Global Fund to Fight AIDS, Tuber-
14 culosis and Malaria is an important global partner-
15 ship established to combat these three infectious dis-
16 eases that together kill millions of people a year. Ex-
17 pansion of effective tuberculosis treatment programs
18 constitutes a major component of Global Fund in-
19 vestment, along with integrated efforts to address
20 HIV and tuberculosis in areas of high prevalence.

21 (16) The United States Agency for Inter-
22 national Development and the Centers for Disease
23 Control and Prevention are actively involved with
24 global tuberculosis control efforts. Because the glob-
25 al tuberculosis epidemic directly impacts tuberculosis

1 in the United States, Congress has urged the Cen-
2 ters for Disease Control and Prevention each year to
3 increase its involvement with international tuber-
4 culosis control efforts.

5 (17) The United States Agency for Inter-
6 national Development is the lead United States Gov-
7 ernment agency for international tuberculosis ef-
8 forts, working in close partnership with the Centers
9 for Disease Control and Prevention and with the
10 President's Emergency Plan for HIV/AIDS Relief.
11 The goal of the United States Agency for Inter-
12 national Development is to contribute to the global
13 reduction of morbidity and mortality associated with
14 tuberculosis by building country capacity to prevent
15 and cure tuberculosis and achieve global targets of
16 70 percent case detection and 85 percent treatment
17 success rates. The United States Agency for Inter-
18 national Development provides support for tuber-
19 culosis programs in countries that have a high bur-
20 den of tuberculosis, a high prevalence of tuberculosis
21 and HIV, and a high risk of MDR-TB.

22 **SEC. 3. ASSISTANCE TO COMBAT TUBERCULOSIS.**

23 (a) POLICY.—Subsection (b) of section 104B of the
24 Foreign Assistance Act of 1961 (22 U.S.C. 2151b–3) is
25 amended to read as follows:

1 “(b) POLICY.—It is a major objective of the foreign
2 assistance program of the United States to control tuber-
3 culosis. In all countries in which the Government of the
4 United States has established development programs, par-
5 ticularly in countries with the highest burden of tuber-
6 culosis and other countries with high rates of tuberculosis,
7 the United States Government should prioritize the
8 achievement of the following goals by not later than De-
9 cember 31, 2015:

10 “(1) Reduce by half the tuberculosis death and
11 disease burden from the 1990 baseline.

12 “(2) Sustain or exceed the detection of at least
13 70 percent of sputum smear-positive cases of tuber-
14 culosis and the cure of at least 85 percent of those
15 cases detected.”.

16 (b) AUTHORIZATION.—Subsection (c) of such section
17 is amended—

18 (1) in the heading, by striking “AUTHORIZA-
19 TION” and inserting “ASSISTANCE REQUIRED”; and

20 (2) by striking “is authorized to” and inserting
21 “shall”.

22 (c) PRIORITY TO STOP TB STRATEGY.—Subsection
23 (e) of such section is amended—

24 (1) in the heading, to read as follows: “PRI-
25 ORITY TO STOP TB STRATEGY.—”;

1 (2) in the first sentence, by striking “In fur-
2 nishing” and all that follows through “, including
3 funding” and inserting the following:

4 “(1) PRIORITY.—In furnishing assistance under
5 subsection (c), the President shall give priority to—

6 “(A) activities described in the Stop TB
7 Strategy, including expansion and enhancement
8 of DOTS coverage, treatment for individuals in-
9 fected with both tuberculosis and HIV and
10 treatment for individuals with multi-drug resist-
11 ant tuberculosis (MDR-TB), strengthening of
12 health systems, use of the International Stand-
13 ards for Tuberculosis Care by all providers, em-
14 powering individuals with tuberculosis, and ena-
15 bling and promoting research to develop new
16 diagnostics, drugs, and vaccines, and program-
17 based operational research relating to tuber-
18 culosis; and

19 “(B) funding”; and

20 (3) in the second sentence—

21 (A) by striking “In order to” and all that
22 follows through “not less than” and inserting
23 the following:

1 “(2) AVAILABILITY OF AMOUNTS.—In order to
2 meet the requirements of paragraph (1), the Presi-
3 dent—

4 “(A) shall ensure that not less than”;

5 (B) by striking “for Directly Observed
6 Treatment Short-course (DOTS) coverage and
7 treatment of multi-drug resistant tuberculosis
8 using DOTS-Plus,” and inserting “to imple-
9 ment the Stop TB Strategy; and”; and

10 (C) by striking “including” and all that
11 follows and inserting the following:

12 “(B) should ensure that not less than
13 \$15,000,000 of the amount made available to
14 carry out this section for a fiscal year is used
15 to make a contribution to the Global Tuber-
16 culosis Drug Facility.”.

17 (d) ASSISTANCE FOR WHO AND THE STOP TUBER-
18 CULOSIS PARTNERSHIP.—Such section is further amend-
19 ed—

20 (1) by redesignating subsection (f) as sub-
21 section (g); and

22 (2) by inserting after subsection (e) the fol-
23 lowing new subsection:

24 “(f) ASSISTANCE FOR WHO AND THE STOP TUBER-
25 CULOSIS PARTNERSHIP.—In carrying out this section, the

1 President, acting through the Administrator of the United
2 States Agency for International Development, is author-
3 ized to provide increased resources to the World Health
4 Organization (WHO) and the Stop Tuberculosis Partner-
5 ship to improve the capacity of countries with high rates
6 of tuberculosis and other affected countries to implement
7 the Stop TB Strategy and specific strategies related to
8 addressing extensively drug resistant tuberculosis (XDR-
9 TB).”.

10 (e) DEFINITIONS.—Subsection (g) of such section, as
11 redesignated by subsection (d)(1), is amended—

12 (1) in paragraph (1), by adding at the end be-
13 fore the period the following: “, including low cost
14 and effective diagnosis and evaluation of treatment
15 regimes, vaccines, and monitoring of tuberculosis, as
16 well as a reliable drug supply, and a management
17 strategy for public health systems, with health sys-
18 tem strengthening, promotion of the use of the
19 International Standards for Tuberculosis Care by all
20 care providers, bacteriology under an external qual-
21 ity assessment framework, short-course chemo-
22 therapy, and sound reporting and recording sys-
23 tems”; and

24 (2) by adding after paragraph (5) the following
25 new paragraph:

1 “(6) STOP TB STRATEGY.—The term ‘Stop TB
2 Strategy’ means the six-point strategy to reduce tu-
3 berculosis developed by the World Health Organiza-
4 tion. The strategy is described in the Global Plan to
5 Stop TB 2007–2016: Actions for Life, a comprehen-
6 sive plan developed by the Stop Tuberculosis Part-
7 nership that sets out the actions necessary to
8 achieve the millennium development goal of cutting
9 tuberculosis deaths and disease burden in half by
10 2016.”.

11 (f) ANNUAL REPORT.—Clause (iii) of section
12 104A(e)(2)(C) of the Foreign Assistance Act of 1961 (22
13 U.S.C. 2151b–2(e)(2)(C)) is amended by adding at the
14 end before the semicolon the following: “, including the
15 percentage of such United States foreign assistance pro-
16 vided for diagnosis and treatment of individuals with tu-
17 berculosis in countries with the highest burden of tuber-
18 culosis, as determined by the World Health Organization
19 (WHO)”.

20 (g) AUTHORIZATION OF APPROPRIATIONS.—

21 (1) IN GENERAL.—There are authorized to be
22 appropriated to the President not more than
23 \$400,000,000 for fiscal year 2008 and not more
24 than \$550,000,000 for fiscal year 2009 to carry out
25 section 104B of the Foreign Assistance Act of 1961

1 (22 U.S.C. 2151b–3), as amended by subsections (a)
2 through (e) of this section.

3 (2) FUNDING FOR CDC.—Of the amounts ap-
4 propriated pursuant to the authorization of appro-
5 priations under paragraph (1), not more than
6 \$70,000,000 for fiscal year 2008 and not more than
7 \$100,000,000 for fiscal year 2009 shall be made
8 available for the purpose of carrying out global tu-
9 berculosis activities through the Centers for Disease
10 Control and Prevention.

11 (3) ADDITIONAL PROVISIONS.—Amounts appro-
12 priated pursuant to the authorization of appropria-
13 tions under paragraph (1) and amounts made avail-
14 able pursuant to paragraph (2)—

15 (A) are in addition amounts otherwise
16 made available for such purposes; and

17 (B) are authorized to remain available
18 until expended.

Passed the House of Representatives November 5,
2007.

Attest: LORRAINE C. MILLER,
Clerk.

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